V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36591

FILED DEC 11 1942

Registration District No. 15 — Primary Registration District No. 3004 — Registrar's No. 67

6
1
1

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 1 yr

2. USUAL RESIDENCE OF DECEASED: 6
(a) State: Missouri (b) County: Barton /
(c) City or town: Lamar /
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Harry August LaBranch
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary LaBranch
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Dec 16th, 1883 (Month) (Day) (Year)

8. AGE: Years 58 | Months 11 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: Ottawa, Kansas (City, town, or county) / (State or foreign country)
10. Usual occupation: Express Co Clerk
11. Industry or business .....
MOTHER FATHER
12. Name: Marion LaBranch
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Mary LaBranch
(b) Address: Lamar, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation: St Maryc Cemetery
18. (a) Signature of funeral director: River Funeral Home
(b) Address: Lamar, MO.
19. (a) 11-26-42 (Date received local registrar) (b) Martha River (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 25th day ..... year 1942 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from June 10, 1942, to Nov-25, 1942 that I last saw him alive on Nov-23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature: C. E. Duckett (M. D. or other) M. D.
Address: Lamar Mo. Date signed Nov 26 1942

4-R

1119

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1708
Date Filed DEC 9 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed R. W. River

Licensed Embalmer No. 3141

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.